(c) if so, the names of such drugs which came to the notice of Government recently where cautionary notes have not been provided along with medicines; and

(d) the action taken against them?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) The Drugs and Costmetics Rules do not contain specific provision requiring manufacturer to include package in-sert in the packages on medicines;

Ob) Most of the drugs are double-edged weapons and, therefore, if not used judiciously can produce side-effects ranging from mild to serious ones.

(c) and (d) Government from time to time based on epidemiological data from abroad or action taken by developed countries and is consultation wife experts, advise the manu-facturers through the State Licensing Authorities to include special warning and precautionary statement with respect to drugs as and when it is deemed necessary. It is also monitored that whether such directions are complied with or not. Recently, based on such a monitories, it has been brough to the notice of the Government that while majority of the manufacturers are giving necessary warning statement against the indiscriminate use of formulations containing Dextropropoxyphene, some manufacturers, however, have failed as yet to comply with the similar direc+ions. On receipt of this information the Drugs Controller (India) has directly taken up the matter with the defeu'lting manufacturers asking them to comply the directions imme-diately and also to show reasons for non-com liance.

Diarrnoeol and sexually transmitted disease control programme

938. SHRI RAFIQUE -ALAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether diarrhoeal and setcual-ly transmitted diseases control programmes are covered under National Health Programme;

Ob) if so, what steps have taken to control these diseases and the names of the drugs used for controlling each disease;

(c) whether these drugs are produced in the country or being imported;

(d) the names of the drugs purchased by Government during the last two years;

(e) what is the estimated requirement for these drugs for Seventh Five Year Plan under the programme;.

(f) whether it is a fact that there are a number of other drugs used tor controlling these diseases which Government are not purchasing; and

(g) if so, the names of those drugs and the combination of drugs and what are the reasons for non purchase?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes.

(b) Diarrhoeal Diseases Control Programme:

The Programme uses a three-tier approach viz; the use of Home Available fluids by the mother for mild-cases of diarrhoea, the use of oral Rehydration Solution by the multipurpose workers for moderately dehydrated cases and intensive rehydration therapy in health institutions for severely dehydrated cases. The National Institute of Cholera and Enteric Diseases, Calcutta assists in research and training programme.

The following measures have been taken to control the spread of the disease: —

(1) House-to-house survey to detect-cases send for proper treatment o, ^ patients.

(\) Health education campaign intensified to create awareness among the people in improving personal hygiene.

(V Dis-infection of all sources of drilling water supply.

(V) Propagation of use of oral Reh j *ft* ration Salt.

Sexually Transmitted Diseases:

The" icheme envisages teaching, training and research in the field of Sexually Transmitted Diseases. For the purpose, the Government has established (i) Regional Sexually Transmitted Diseases Teaching-cum-Train-ing Centre for conducting training and orientation courses for the inser-vice mi tdical and para medical personnel working in the district and periphery level at Calcutta, Delhi, Hyderabad, Madras and Nagpur.

(ii) Regional Sexually Transmitted Diseases Reference Laboratories at the above" centres to (a) conduct orientation courses for the district and periphery level Laboratory technicians in performing the rountine and specifi: Lab. tests, (b) conduct inter-labora'ory evaluation of V. D. R. L. tests in which all the Medical College Hospitals* Labs., district hospital labs., periph tly level centres labs. etc. would participate in setting up of a uniform standard of doing the VDRL te=t throughout he region, (c) Conduct research work in the laboratory diagnos's of T. T. D.

Ci') Regional Survey-cum-Mobile S. T. L. Units have established at the above centres to look into the epidemiological aspects of the disease.

In addition, health education materials art also being produced for bringing about awareness amongst the general public about the seriousness of the disease, and community education through Posters, Pamphlets, Cinema slides, Newspaper advertisements, Radio spots, Video and T. V. spots.

The drugs used in the treatment of SJT. Ds are as follows: —

Syphilis: Aquous Benzathine pen-cillin G. Aquous procaine pencillin G. Erythromycin, Tetracycline.

Gonorrhoea: Aquous Procaine Pencillin G. Ampliciltin Tetracycline, Probenicid, Erythrontycin, Spectionomycin, Cephalosporin, cortices'eroid Co-Trimova'zo'le.

Chancroid: Co-Trimvaxazole or with other Sulfonamide.

L. G. V.: Co-Trimoxazole, Tetracycline.

G. I.: Streptomycin, Tetracycline.

Cc) to (g) Under Diarrhoeal Diseases Control Programme only Oral. Rehydration Salts are being supplied to the States/U. Ts. Governments. No drugs are being supplied under S. T. D. Control Programme.

Central Drug Standard Control Organisation

939. SHRI RAJNI RANJAN SA-HU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a Drug Cell has been instituted in the Central Drugs Standard Control Organisation;

(b) if so, what are the details thereof;

(c) what system has been adopted to monitor and assess th_e reactions side and dangerous effects of drugs which, are being marketed alone or in combinating with other drugs;

(d) the details of the dangerous affects that came to the notice of the cell about the use of drugs and drug